

12/13/01  
JC944

Please type a plus sign (+) inside this box

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.:	CM03376J
First Inventor:	Robert E. Stengel
Title:	DISTRIBUTED RF POWER AMPLIFIER WITH LOAD COMPENSATION
Express Mail Label No.:	ET812381904US

JC83 U.S. POSTAGE PAID  
100 01/13/01

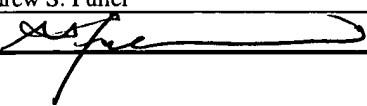
12/13/01

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 3. <input checked="" type="checkbox"/> Specification [ Total Pages <span style="border: 1px solid black; padding: 0 2px;">24</span> ] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings ( <i>if filed</i> ) -Detailed Description -Claim(s) -Abstract of the Disclosure		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identify of above copies	
<b>ACCOMPANYING APPLICATION PARTS</b>			
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) <input type="checkbox"/> Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 17. <input type="checkbox"/> Other: _____			
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [ Total Sheets <span style="border: 1px solid black; padding: 0 2px;">6</span> ] 5. Oath or Declaration [ Total Pages <span style="border: 1px solid black; padding: 0 2px;">3</span> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, ee 37 CFR 1.63(d)(2) and 1.33(b).			
6. <input checked="" type="checkbox"/> Application Data Sheet under 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP) of Prior Appl. No. _____ Prior Appl. information: Examiner: _____ Group/Art Unit: _____			

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/> o r	Correspondence address below	
Name				
Address				
City	State	Zip Code		
Country	U.S.A.	Telephone	(954) 723-6449	Fax (954) 723-3871
Name	Andrew S. Fuller		Registration Number (Attorney/Agent)	37,328
SIGNATURE			Date	12/13/01

# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$1344.00)

Complete if Known

Application No.	
Filing Date	
First Named Inventor	Robert E. Stengel
Examiner Name	
Group Art Unit	
Attorney Docket No.	CM03376J

1032 U.S. PTO 1792  
12/13/01

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None
 Deposit Account

Deposit Account Number

50-0757
Motorola, Inc.

Deposit Account Name

The Commissioner is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayment
   
 Charge any additional fee(s) during the pendency of this application
   
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee	Fee	Fee	Fee		
Code	\$	Code	\$		
101	740	201	370	Utility filing fee	740
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)		(\$1344.00)			

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	42	-20* =	22	x 18 = 396.00
Independent Claims	5	-3* =	2	x 84 = 168.00
Multiple Dependent			280	

Large Entity		Small Entity		Fee Description
Fee	Fee	Fee	Fee	
Code	\$	Code	\$	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$1344.00)		

\*\*or number previously paid, if greater. For Reissues, see above

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee	Fee	Fee Description	Fee Paid
Code	\$	Code	\$
105	130	205	65
127	50	227	25
139	130	139	130
147	2520	147	2520
112	920*	112	920*
113	1840*	113	1840*
115	110	215	55
116	400	216	200
117	920	217	460
118	1440	218	720
128	1960	228	980
119	320	219	160
120	320	220	160
121	280	221	140
138	1510	138	1510
140	110	240	55
141	1280	241	640
142	1280	242	640
143	460	243	230
144	620	244	310
122	130	123	50
123	50	123	50
126	180	126	180
581	40	581	40
146	740	246	370
149	740	249	370
179	740	279	370
169	900	169	900
Other fee (specify)			

\*Reduced by Basic Filing Fee Pd

SUBTOTAL (3) \$ 40

## Complete (if applicable)

SUBMITTED BY	Complete (if applicable)		
Name (Print)	Andrew S. Fuller	Registration No. (Attorney/Agent)	37,328
Signature		Telephone:	(954) 723-6449
		Date	12/13/01